EXECUTIVE SUMMARY

The "Statewide Assessment of Patient Experience in North Carolina Health Programs for Low-Income Populations" presents research based on telephone interviews of a representative sample of Medicaid beneficiaries enrolled in three managed care programs in North Carolina. Specifically, the Medicaid managed care programs for non-institutionalized adults and children which were examined are Carolina ACCESS, ACCESS II and ACCESS III and Health Care Connection. This report compares the survey responses of beneficiaries in the three programs, or delivery modes, to allow a comparison of performance from the consumer perspective. In addition, the report compares significant differences between beneficiaries with a chronic health condition to those without a chronic condition, within each delivery mode.

The survey instrument utilized was designed to measure consumer perception of access, quality, and satisfaction. The access measures included perceived barriers to care as well as reported utilization, or realized care. The quality measures mainly focused on communication issues. The satisfaction ratings were a straightforward ranking of the various aspects of the health services received by the consumer in the six months prior to the survey. This survey was conducted from October 1999 through April 2000 with a separate instrument utilized for children and adults.

Overall, the consumer ratings showed good levels of realized access, few reports of perceived barriers and excellent marks for communication between providers and beneficiaries. Correspondingly, the satisfaction ratings for all aspects of the health services delivery were very high. There were some areas in need of improvement, but those are the exception rather than the rule. Similarly, there were few statistically significant differences between the delivery modes. Even more rare were significant differences between the chronic and non-chronic groups. Since there were so few questions that resulted in statistically significant differences, those are highlighted in this report. However, those exceptions must be viewed in light of the overall high marks and the more common consistency across the delivery modes. It is those highlighted exceptions that are discussed in further detail.

General Healthcare Delivery

There were similarities between children and adults in the general characteristics of health care delivery. The majority of both groups did not receive a new personal physician upon or close to enrollment in Medicaid. Similarly, the majority of the recipients of all ages who had a personal doctor at the time of the survey had maintained a relationship with that provider for more than 12 months. Target children in ACCESS II/III were the least likely to have received a new physician and the most likely to report a relationship with their provider that was greater than 5 years. Adults in Carolina ACCESS were the least likely to have a new physician and the most likely to have a 5-year or better relationship with their personal provider. As for the type of physician seen

by recipients, target children overwhelmingly used a general practice physician or pediatrician as a personal physician. Interestingly, there were no significant differences in the use of specialists as a personal physician based on the chronicity of the target child. In the adult group, there was overall higher use of specialists as personal physicians.

Access

The majority of both children and adults had an identifiable provider that they considered to be their personal physician. There were statistically significant differences between the delivery modes both in children and adults. In both groups, Carolina ACCESS scored the most favorably. For the children, ACCESS II/III recipients were the least likely to report having an identifiable personal physician. The HMO adult recipients were the least likely to report this type of potential access in that age group.

The vast majority of respondents in both groups reported few perceived barriers to care. Most recipients, both adult and target child, reported it was "not a problem" to find a satisfactory personal physician, access an emergency department when needed or obtain prescription drugs. One area which did reveal a higher percentage of respondents reporting a perceived "big problem" in access was the referral to a specialist. There were statistically significant differences between the delivery modes in both the children and adults with those in Carolina ACCESS and ACCESS II/III much less likely than those in the HMO to report a perceived "big problem." However, it is important to note that, overall, those reporting any problem with referrals to a specialist were in the minority in all of the delivery modes.

The majority of children and adults reported making at least one visit to a doctor's office for regular or routine care. For the adults no significant variation in the number of visits emerged either among the delivery modes or based on chronicity. The absence of statistically significant differences between the chronic and non-chronic adults is unexpected. In contrast, there were statistically significant differences between the target children. Parents of children in the HMO were more likely to report that their child made one visit to a doctor's office and less likely to report two to four visits. As would be expected, in each of the delivery modes, children with a chronic condition were more likely to report more visits to a physician.

As for more intensive services, the majority of adults and target children reported no use of a specialist, emergency department or specialized services such as therapy or special medical equipment. The respondents to the Child survey were less likely than those in the Adult survey to report any visits to a specialist. This is not surprising given the difference in self-reported health status of the two groups. There were no statistically significant differences either among the delivery modes or based upon conronicity for the target children. The latter finding is surprising, as one would expect a child with a chronic condition to need more specialist attention. For the adults, there were no significant differences among the delivery modes, but in the HMO, the chronic respondents were more likely to report seeing a specialist. The unusual aspect of this finding is that the other two delivery modes did not reveal the same result. Emergency

Department (ED) use was slightly more common for the adult population. In the adult group, however, statistically significant differences did not emerge among the delivery modes or between the chronic and non-chronic in ED use. Similarly, the results of the Child survey revealed no significant variation on the basis of chronicity. However, there were differences among the delivery modes in the children. Target children in ACCESS II/III were the least likely to report a trip to an ED. For the care that the respondents needed in the six months prior to the survey, the majority were pleased with the timeliness with which they received care. There were some differences among the delivery modes and on the basis of chronicity.

Quality

Quality measures, including provider-patient communication and length of visits, received high marks in all of the delivery modes. There were no statistically significant differences among the delivery modes for either the target children or adult respondents. There were, however, differences on the basis of chronicity in the Adult survey. In the few cases where there were differences between the chronic and non-chronic groups, it is the latter that were less satisfied with the quality measures of their care. This result was unexpected.

Satisfaction

Finally, the satisfaction ratings were high for all aspects of care across the delivery modes in both the adult and child groups. The majority of all respondents gave their personal provider as well as their specialist a "10" for the highest possible rating. There were no statistically significant differences among the delivery modes on these measures. In the Child survey, significant variation did not emerge when comparing the chronic and non-chronic groups. In the Adult survey, there were differences on the chronic and non-chronic group in that the former gave higher ratings to their personal provider than the non-chronic. While still relatively high, the ratings for overall health care and the health plan were somewhat lower than the ratings of providers. These findings are consistent with prior satisfaction studies. The rating of the health plan is the only measure that revealed statistically significant differences among the delivery modes and between the chronic and non-chronic groups in the Child survey. Parents of children in ACCESS II/III gave higher ratings than the other delivery modes. As for the differences based upon chronicity, the non-chronic group gave higher ratings than the chronic. These results are reversed in the Adult survey with the chronic adults giving higher ratings that the non-chronic.

Conclusion

In conclusion, the survey reveals that the NC Medicaid representative sample is, overall, highly satisfied with the services delivered through the various Medicaid managed care programs. While there is room for improvement noted throughout the report, these are exceptions to the larger picture of consumer satisfaction.

SUMMARY OF RESULTS FOR ADULTS

As was expected, very few of the adult respondents reported that they were in "Excellent" or Very Good" health at the time of the survey. Approximately one-half reported that they were in "Poor" or "Fair" health. The participants in the HMO were significantly more likely than the other two delivery modes to report being in "Excellent" health.

As for the manner in which services were generally delivered to the adults, most respondents did not receive a new personal physician upon enrollment in Medicaid. In addition, most did not use a specialist as a primary care physician. The respondents in the HMO were the most likely to report a change of personal physician upon enrollment. However, the CAHPS survey did not reveal whether or not those who received a new physician upon enrollment had broken a relationship with a prior provider, or had not previously had a personal doctor. The majority of the respondents across the delivery modes who had a personal doctor reported a relationship with that provider of more than 12 months. Carolina ACCESS respondents were the most likely to report that they had been with their personal physician for 5 years or more.

In general, potential access to health care services appeared to be fairly good across the delivery modes with few perceived barriers reported. Most of the respondents reported potential access to primary care with an identifiable personal physician at the time of the survey. The majority also reported no problems in finding a satisfactory personal physician. Similarly, the majority who needed a referral to a specialist had little or no problem obtaining one. The majority of respondents who needed urgent care and prescription medications also reported no problems in access to these services and goods. However, there were significant differences between the surveys on some of these issues. Carolina ACCESS respondents were the most likely to report having a personal physician as well as having no problems finding a physician that was satisfactory.

With two exceptions, there were no significant differences in the numbers of respondents reporting realized access to a variety of services. A slight majority of respondents reported making an appointment for routine care. As would be expected, a majority also reported making at least one office visit to a provider. Most of the respondents did not see a specialist, or make a call to a doctor's office for help. A large majority of respondents did receive a new or refilled prescription and a similarly large majority did not have any problems obtaining the prescribed medication. As mentioned previously, the responses were fairly consistent across the delivery modes in all of these areas. However, there were statistically significant responses in the number of reported visits to an emergency department. Carolina ACCESS respondents were significantly more likely to report that he or she had not made any visits to an ED in the six months prior to the survey. HMO respondents were the most likely to report making such a visit.

The majority of respondents were able to access care and plan approval as soon as they wanted. Most reported that they "always" got appointments for routine care and access to urgent care as fast as was needed. Most also reported no problems with plan

approvals delaying care. The only area in which there were significant differences between the delivery modes was in waiting times to see a physician. Respondents in the HMO were more likely to report waiting more than 15 minutes past an appointment time to receive care.

A substantial majority of Medicaid adults appear to be pleased with their communication with their physicians. The majority reported that their doctor's office staff was "always" helpful and "always" showed respect to patients. The majority also reported that their doctor "always" showed respect for patient comments and explained issues understandably. A lesser majority felt that their doctor spent enough time with them. There were not significant differences among the delivery modes on any of these issues. However, there were differences between the responses of the chronic and non-chronic groups. Wherever these differences arose, the non-chronic respondents were less likely than the chronic group to report good communication experiences. This is a highly unusual finding since most studies have revealed that the chronic population reports lower satisfaction and quality measures.

Overall satisfaction was high across the delivery modes. The mean satisfaction ratings for all aspects of health care delivery ranged from 8.93 to 9.21 with 10 being the most favorable score. With one exception, there were not significant differences among the delivery modes. Only in respondent satisfaction with treatment and counseling did significant variation emerge. However, this question was answered by a small number of respondents and significance must be viewed with caution. The responses between the chronic and non-chronic populations did reveal some significant differences. Where these differences emerged, the chronic group registered higher satisfaction than the non-chronic respondents. Again, these results are highly unusual and unexpected.

SUMMARY OF RESULTS FOR CHILDREN

As a whole, the survey results across the three delivery modes show high levels of satisfaction with health care services received by the target children. Respondents were also overwhelmingly pleased with their interaction with the healthcare providers that treated their children. Furthermore, the vast majority of respondents reported few barriers to access, either actual or perceived. Given these highly favorable findings in all three of the service delivery modes, the suggestions for improvement should be seen as an option available to a statewide Medicaid program that provides a high level of access to quality services. In addition, few of the many survey questions resulted in statistically significant differences either among the delivery modes or between the chronic and non-chronic children. These findings suggest that in general, the three delivery modes are providing comparable levels of quality services with high levels of satisfaction on the part of all recipients. The differences that are highlighted, therefore, should not eclipse this fact.

Across the delivery modes the majority of respondents reported their child's health as "Excellent "or "Very Good." There were no significant differences among the

delivery modes. The reported health status of children in the chronic group was less favorable than that of the non-chronic children, as would be expected.

The majority of respondents reported that their child had personal physician at the time of the survey. However, there is room for improvement across the Medicaid system since no more than 80% of parents reported that their child had an identifiable personal physician at survey time. Parents with a child in Carolina ACCESS were the most likely to report that their child had a personal doctor. Quite favorably, most children who did have a personal physician appeared to have a fairly good level of continuity of care. Approximately one-half of the parents reported a relationship between a personal doctor and their child of between 12 months and 5 years. ACCESS II/III had an astounding number of respondents (48%) report a relationship of greater than 5 years.

As for perceived barriers to care for children, the majority of parents reported that it was "not a problem" to find a satisfactory personal doctor, obtain a referral to a specialist, access prescription medications, medical equipment, counseling and special therapy, or obtain urgent care as needed. However, the parents with a child in the HMOs were more likely than their counterparts in the other delivery modes to report problems in obtaining a referral to a specialist, or access to counseling and special therapy. As has been previously reported, note must be made of the fact that behavioral health, special therapy and prescription benefits were "carve outs" in the HMO contracts, meaning that the HMOs were not responsible for providing those services to Medicaid beneficiaries.

The survey also addressed reported utilization of services. Most parents reported making an appointment for their child in the six months prior to the survey and a slight majority also reported calling their child's doctor's office during business hours for advice or help. As one would expect, a vast majority of parents also reported that their child made a visit to a doctor's office, other than an emergency room, at least once during this time period. These are favorable overall findings since children should be actively followed by healthcare providers. Interestingly, ACCESS II/III parents were less likely than parents in the other delivery modes to report making an appointment or having their child make at least one visit to a doctor. Parents with a child in an HMO were more likely to report one visit to a doctor and less likely to report multiple visits. Again, this is a favorable finding for the HMO delivery mode. As one would also expect, chronic children made more office visits than non-chronic children. Importantly, the majority of parents reported that their child did not visit an emergency room in the six-month period addressed. There were significant differences among the delivery modes. Parents with a child in ACCESS II/III were the most likely to report no visits to an ED. HMO parents were somewhat more likely to report utilization of an emergency room. Finally, roughly one-half of parents reported that their child needed a prescription medication during the relevant time period and the vast majority reported receiving the needed medication.

The majority of parents were satisfied with how quickly their children received appointments, urgent care and plan approval for care. However, at least 25% of all parents reported that they frequently waited more than 15 minutes past an appointment time. HMO parents were somewhat less satisfied in the timeliness of both appointments

and plan approval. Parents of chronic children were also more likely to report dissatisfaction with delays from plan approvals.

The survey addressed several quality issues, which were, as a whole, favorable. The majority of parents reported that doctor's office staff members were generally helpful and respectful. Parents also were very pleased with the levels of doctor-patient and doctor-parent communication. A significant majority reported that their child's doctor always listened carefully and respectfully to their comments. In addition, the majority reported that their child's doctor always explained things in understandable ways. Doctors did not fare as well on consistently providing instruction to parents about how to care for the child or for asking about the child's growth or behavior. Similarly, parents were not particularly satisfied with the length of time doctors spent with their child. Only two-thirds of parents reported that their child's doctor 'always" spent enough time with them.

As for preventive care for children, a substantial majority of parents with children less than 2 years old reported taking their child to a doctor for immunizations or check-ups. However, the 89% to 90% of parents reporting such a visit falls slightly short of the desired 100%. While it is interesting to note that there were significant differences among the delivery modes as to whether or not parents received notification about immunizations or check-ups, these differences did not result in different rates of compliance.

Finally, the survey also addressed bureaucratic issues in dealing with health plans or other administrative functions. A slight majority of parents reported receiving some type of information about their child's health care before enrollment. HMO parents were much more likely to report receiving information. As for paperwork, most parents reported that they did not have any experience in dealing with those items in the prior six months. Likewise, most did not make any calls to a consumer help line regarding their child's health care plan.

Respondents gave high ratings to all satisfaction questions. The highest ratings were consistently given to the physicians. The only question that showed differences among delivery modes was the rating of health plan. For this question ACCESS II/III had the highest rating and HMO the lowest. However, for all delivery systems respondents report being highly satisfied with the plan, a majority of the respondents gave a rating of "9" or "10", even in the HMO.